Ensuring Continuity of Care for Methadone Patients Through an "Opioid Dosage Data System"

A SAMHSA/CSAT Partnership with the Provider Community

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The Impact of 9/11 on the Methadone Treatment System in New York

One opioid treatment program (OTP) was destroyed.

Other programs were temporarily closed.

The public transportation system was temporarily shut down, and portions of the system were destroyed.

Travel in Manhattan below 14th Street was severely restricted.

Telephone communications were severely disrupted.

More than 1,000 methadone patients were unable to reach their "home" OTPs (the programs where they are normally enrolled) for medication.

How Did Patients Get Medication?

Patients made their way to whatever OTP they could find.

Patients self-reported their dosage information to the "guest" program.

Guest programs attempted–when possible –to verify dosage by:

– Contacting the home OTP, or

– Contacting the billing service used by the home OTP.

What Was the Major Barrier to Service Delivery?

It was often impossible for guest OTPs to verify patient dosage information –critical to ensuring safe and effective treatment.

Guest OTPs could not determine when patients were last medicated, or how many "take-home" doses they may have had scheduled.

Absent Reliable Dosage Information, How Were OTPs Able to Treat "Dislocated" Patients?

Generally, guest OTPs had to rely on patient-provided dosage information.
Some OTPs required patients to sign statements.
Take-home doses were generally not provided to "guest" patients.
Patients who claimed to be on high doses were given their medication in small amounts over several hours and kept at the OTP for observation.
Some "high-dose" patients under-reported for fear they would not be treated.

What Was Learned In This Crisis?

Most patients knew and accurately reported their dose to guest programs.
However, the inability to verify dosage data put our patients at risk, and added to potential liability for guest OTPs.
The lack of reliable data added to confusion and congestion at guest OTPs, and particularly disrupted the lives of "high-dose" patients.
OTP congestion was further added to by programs' reluctance to give take-home medication to patients about whom they lacked good information.
In the midst of the attack, patients felt stigmatized.
We dodged a bullet by getting through such a large scale crisis without seriously injuring the health of any of our patients. But we can't take that chance again.

What Conclusion Did We Reach?

One possible solution is to create a reliable and resilient data base to ensure that patients being treated for opioid dependence can obtain their medication when forced by an emergency or disaster to go to an OTP where they are not normally enrolled – an "Opioid Dosage Data System."

Who Helped Develop the Proposed Opioid Dosage Data System?

In September, 2002, SAMHSA/CSAT awarded a one-year planning and feasibility contract to Health Systems Research (HSR).
HSR worked with COMPA (the Committee of Methadone Program Administrators of New York State), and an I.T. expert who understood substance abuse treatment issues.
Other Stakeholders included representatives of:
- The SSAs for New York, New Jersey and Connecticut
- The patient advocacy community
- The provider community from all three states
- The American Association for the Treatment of Opioid Dependence (AATOD)

Description of the Proposed Opioid Dosage Data System

A "narrow" data set, to be limited to:

- Identity of home clinic
- Patient's current dose
- Last date of medication
- Number of take-home doses allowed
- Time-limited data window

Data to reside in a Web-based data repository
- Secure and encrypted
- 42 CFR and HIPAA Compliant
- Accessible world-wide

Key Aspects of the Proposed System

System to be secure and confidential
- No patient name will be included in the central repository.
- Patient identity will be digital and linked to finger imaging technology.
- Data will be stored at multiple sites to ensure purposeful redundancy and survivability in a disaster.

System to Entail Ease of Use
- Existing clinic dosage management systems will be able to download data automatically, requiring almost no additional staff time

System to be Acceptable to Patients and to OTPs

Three Options for Retrieving Data Stored In a Central Repository

Finger Scan

When a guest OTP is equipped with finger scanning hardware and software, the patient may authorize access to his/her dosage information via a simple finger scan.

Internet Access

Guest OTPs can also access patient dosage information via the "Opioid Dosage Data System" Website, by entering the name of the patient's home OTP and then, a "pin" number provided by the patient.

Touch Tone Telephone

OTPs without internet access (or unable to access the internet due to an emergency) can still reach the data base via a touch tone phone, again only needing to know the name of the patient's home OTP and personal "pin."

Feedback

The data system will automatically prompt a guest OTP to report back to the home OTP about any transactions involving one of the home program's patients. This:
- Promotes continuity of care

– Safeguards against abuse

Other Benefits of the Proposed System

Will prevent dual enrollment both within and across state lines.
Could easily be adapted for more routine use, for instance, in managing traveling patients, as well as being invaluable in emergencies, disasters or other events that may disrupt service delivery.
Would provide an additional means by which to satisfy SAMHSA/CSAT OTP accreditation requirements for disaster and emergency planning.

What Is the Next Step?

This proposed system needs to be pilot tested and evaluated in use.
The New York Metropolitan Area (including New York City and its immediate suburbs, Northern New Jersey, and Western Connecticut) is the proposed pilot testing area.
Evaluation needs to address the implications and benefits of replicating such a system in other regions or possibly nation-wide.

For More Information

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